

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>	<i>32</i>	<i>08-14-01</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>535</i>	<i>8/20</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>535</i>	<i>09-13-01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>625</i>	<i>02-12-02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

86
1/1
09/01
851
04/12/02